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PATENTSIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: SCHNEIDER-NIESKINS

SERIAL NO: 10/683,754

EXAMINER: D. Isabella

FILED: October 10, 2003

GROUP: 3738

TITLE: BREAST PROSTHESIS HAVING AN ADHESIVE LAYER

AMENDMENT IN RESPONSE TO FIRST OFFICE ACTION

MAIL STOP AMENDMENT

Honorable Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the First Office Action dated February 09, 2005 with the due date for response being May 09, 2005. Please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

06/08/2005 THAKIR 00000001 032460 10683754

01 FC:P251 60.00 DR
02 FC:P251 100.00 DR

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- 1 -

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10683754

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	<i>12</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>12</i> minus 20 = *	<i>0</i>
INDEPENDENT CLAIMS	<i>2</i> minus 3 = *	<i>0</i>
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL	<i>385</i>	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <i>1.0</i>	Minus ** <i>2.0</i>	= <i>-</i>
Independent	* <i>4</i>	Minus *** <i>3</i>	= <i>1</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
<i>100.00</i> X43=	<i>100.00</i>	OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE	<i>100.00</i>	OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.